TITLE: "DENTAL SUMMIT" SUMMARY

Head Start/Early Head Start is a federally funded comprehensive child development program for income eligible children and their families. Head Start is mandated to address prevention and early intervention strategies. When the Federal Review Team came out to the local programs across the state, they will ask, "How does the grantee implement a comprehensive system of services for preventing health problems, and intervening promptly when they exist?" The grantee is the legal funded entity and responsible for the Head Start program in specified communities. The Head Start/Early Head Start must ensure that parents are involved as full partners in the prevention and early intervention strategies.

Children and families are to be linked to an on-going source of continuous, accessible health care, children are kept up-to-date on a schedule of well-child care that includes immunizations, and all time frames are met; also the health and safety of children is assured through: teaching children and parents preventative health practices; the establishment and practice of effective health emergency procedures (this includes dental), including methods for handling suspected or known child abuse; conditions for short-term exclusion and admittance; medication administration procedures; injury prevention measures; and hygiene procedures. No later than 90 calendar days from the entry into the program ("entry" means the first day the Early Head Start or Head Start services are provided to the child) is the grantee to make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. Head Start and Early Head Start programs are mandated to provide all children with a dental examination.

If the child does not have access, the program staff, usually the Health Coordinator, must assist the parents in accessing a source of care. If the family is not on Medicaid, then the staff seek out other funding for exams and treatments, such as Healthy Steps (CHIP), Caring Program, reduced payment schedules, etc. Head Start and Early Head Start funds may be used for professional medical and dental services when no other sources of funding is available. When Head Start and Early Head Start funds are used for such services, the grantee or delegate agencies must have written documentation of their efforts to access other available sources of funding.

All Head Start children need a complete dental examination by a dental professional. The dental follow-up and treatment must include: fluoride supplements and topical treatments as recommended by dentist professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and other necessary preventative measures and further dental treatment as recommended by the dental professional. (See the attached Appendix B.)

The Head Start programs are very grateful to all of the dentists across the State of North Dakota who serve on many of the local program Health Advisory Committees. The Health Advisory Committees consist of medical/dental/mental wellness professionals, who help the local programs resolve issues, and challenges that prevent access to health/dental through resolution… sometimes by thinking "outside" the box. Also, many of the dentists provide the Head Start programs non-federal match through voluntarily providing the Head Start children with free dental screenings and/or dental examinations while the children visit the dentist's office during a field trip.

Dental Screening and Examination

What is dental screening?

Dental screening is a quick check of a child's mouth to find out if she
needs a prompt exam and treatment. It can be done by a dental
professional or trained Head Start staff or volunteer. Whether or not
it is done, **all** Head Start children need a complete dental
examination.

What is the dental examination?

The dental examination is a full checkup by a dental professional. It includes:

. Discussion of diet, toothbrushing, use of bottles, and thumb-sucking.
. Exam of the mouth for tooth decay, bite, and gum infections. Dental equipment such as
  mouth mirrors, dental picks, and high intensity lights are used. X-rays may be taken.
. Information on good oral hygiene and nutrition.
. Fluoride may be applied to the child's teeth and/or prescribed in liquid or tablets to prevent
  tooth decay.

What might I observe?

. Mouth pain and sensitivity to hot, cold, or sweets
. Discolored, broken, or missing teeth
. Red, swollen, or bleeding gums
. Swollen face
. Bad breath

**Dental problems can
cause pain and
difficulty eating and
speaking. Treatment
for dental problems.
can improve a child's
health and well-being.**

Follow-up to screening

If dental problems are found, the child needs follow-up
evaluation and treatment by a dentist.

Treatment might include:

. Filling cavities, capping or pulling teeth
. Education on improved diet, bottle use, toothbrushing,
  flossing, and fluoride
. Referral to an orthodontist or other specialist

Challenges facing the Head Start programs providing dental access:

1. Distances in rural areas to travel for dental/medical care.
2. Unreliable or no vehicles in a severe climate.
3. Large refugee populations speaking foreign languages.
   . Few and very costly translations to communicate health/dental understanding.
   . Many of the parents need dental care.
4. More preventive education on "baby bottle tooth decay."
5. Dentists may not be taking new patients, not taking new MA patients, or may not take MA clients at all.
6. Some adults do not believe children even need to go to a dentist, because their "baby" teeth will be falling out anyway.
7. Some of the Head Start parents do not have dental coverage
   . Some of the parents have used their fundraising dollars to cover the cost of a dental emergency.

A Wish List: Dental Van. Story image: a white van that travels around the State of North Dakota with a dental professional providing dental screenings and examinations to children.